

The Privacy Act of 1974 requires that I obtain your direct authorization before my office can investigate on your behalf. Please complete and return this privacy release form to my **Detroit** office at the address listed below.

Thank you for your cooperation.

To Whom it May Concern:

Senator Levin and his staff have my permission to receive and review any information contained in my file, and, if deemed necessary, to forward any pertinent correspondence sent by me involving:

Name of Agency_____

Please give a brief description of your problem:

Is any other Congressional Office working on this concern? If yes, which one?

Print Full Name_____Date of Birth_____

Legal Signature_____Date_____

Social Security Number_____ **Medicare Number**_____

Address_____

City_____ County_____ State_____ Zip Code_____

Phone Number_____

Please return the completed form to: Senator Carl Levin
Attention: SSA/Medicare Caseworker
477 Michigan Avenue, Suite 1860
Detroit, MI 48226